CASS COUNTY MEMORIAL HOSPITAL

INDEPENDENT AUDITOR'S REPORT FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

YEARS ENDED JUNE 30, 2013 AND 2012

CASS COUNTY MEMORIAL HOSPITAL

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CASS COUNTY MEMORIAL HOSPITAL Officials June 30, 2013

Board of Trustees:	Address	Term <u>Expires</u>
Ned Brown, Chairman	Atlantic, Iowa	2014
Jerry Putnam, Vice-Chairman	Griswold, Iowa	2014
Leanne Pellett, Secretary and Treasurer	Atlantic, Iowa	2014
John Molgaard	Atlantic, Iowa	2016
Phyllis Stakey	Massena, Iowa	2016
Roger Herring	Atlantic, Iowa	2018
Julie Pollock	Anita, Iowa	2018
Administrator/CEO: Patricia A. Markham	Atlantic, Iowa	
Assistant Administrator/CFO:		
Stephen Lewis	Atlantic, Iowa	

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Mark D. Kyhnn David L. Hannasch Kenneth P. Tegels Christopher J. Nelson David A. Ginther

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees Cass County Memorial Hospital Atlantic, Iowa

Report on the Financial Statements

We have audited the accompanying statements of net position of Cass County Memorial Hospital as of June 30, 2013 and 2012 and the related statements of revenues, expenses and changes in net position, and cash flows for the years then ended, and related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal controls relevant to the preparation and fair presentation of financial statements that are free from material misstatements, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in <u>Government Auditing Standards</u> issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Hospital's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control. Accordingly, we express no such opinion. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

To the Board of Trustees Cass County Memorial Hospital

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Bases for Qualified Opinion

The financial statements do not include an estimate of an Other Post Employment Benefits (OPEB) liability for an implicit health insurance premium rate subsidy resulting from the legal requirement to allow employees retiring after age 55 to remain on the Hospital's healthcare plan until age 65. Accounting principles generally accepted in the United States of America require that any material liability resulting from this OPEB requirement be included in the financial statements (Note P).

The financial statements do not include financial data for the Hospital's legally separate component units, Cass County Memorial Hospital Foundation and Cass County Medical Clinics. Accounting principles generally accepted in the United States of America require the financial data for the component units to be reported with the financial data of the Hospital unless the Hospital also issues financial statements for the financial reporting entity that include the financial data for its component unit. The Hospital has not issued such reporting entity financial statements (Note A).

Qualified Opinion

In our opinion, except for the effect of not including an estimated OPEB liability for the implicit health insurance premium rate subsidy and the effect of omitting the blended component units, as discussed in the previous section, the financial statements referred to above present fairly in all material respects, the financial position of Cass County Memorial Hospital as of June 30, 2013 and 2012 and the results of its operations, changes in financial position, and cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Report on Required Supplementary Information

Accounting principles generally accepted in the United States of America require Management's Discussion and Analysis and the Budgetary Comparison Information on pages 3 through 3d and on page 27 be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board which considers it to be an essential part of the financial reporting for placing the basic financial statements in an appropriate operational, economic or historical context. We have applied certain limited procedures to the required supplementary information in accordance with U.S. generally accepted auditing standards, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the required supplementary information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements that collectively comprise Cass County Memorial Hospital's basic financial statements. We previously audited, in accordance with the standards referred to in the third paragraph of this report, the financial statements for the three years ended June 30, 2011 (which are not presented herein) and expressed qualified opinions on those financial statements. The supplementary information on pages 1 and 28 through 44 is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in our audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the supplementary information is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

To the Board of Trustees Cass County Memorial Hospital

Report on Other Legal and Regulatory Requirements

In accordance with <u>Government Auditing Standards</u>, we have also issued our report dated October 15, 2013 on our consideration of Cass County Memorial Hospital's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts, and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with <u>Government Auditing Standards</u> and important for assessing the results of our audit.

Smensh, Bon, Kyhnz & b. P. C.

Atlantic, Iowa October 15, 2013



Cass County Memorial Hospital

1501 East 10th Street

Atlantic, Iowa 50022

712-243-3250

CASS COUNTY MEMORIAL HOSPITAL Atlantic, Iowa Management's Discussion and Analysis

Management's discussion and analysis of the Hospital's financial performance provides an overview of the Hospital's financial activity for the fiscal years ended June 30, 2013, 2012, and 2011. Please read it in conjunction with the Hospital's financial statements, which begin on page 4.

The major difference in financial activity from FY 2013 and FY 2012 is due to an increase in depreciation and interest expense. The Pharmacy 340b program was in place for a full year and we continue to receive a Federal Subsidy for bond interest expense, though it was decreased by 8% due to the Government Sequester. The Hospital is a Critical Access Hospital and the Clinics are Provider Based Rural Health Clinics, thus the Hospital and the Rural Health Clinics receive "cost based" reimbursement from Medicare and Medicaid.

The Hospital issued debt of \$23.5 million for the 2010 addition and remodeling of new inpatient, emergency room, rehab and surgical areas. The addition was completed at the end of June, 2012 and the remodeling was completed in March of 2013. The Hospital decided to add an in-house MRI and the remodeling for this project started in August 2013. The MRI project will be paid out of Hospital reserves.

USING THIS ANNUAL REPORT

The Hospital's financial statements consist of three statements – Statement of Net Position; Statement of Revenues, Expenses, and Changes in Net Position; and Statement of Cash Flows. These financial statements and related notes provide information about the activities of the Hospital, including resources held by the Hospital but restricted for specific purposes by contributors, grantors, or enabling legislation.

Statistical Analysis gives us an indication of Hospital utilization in certain areas. As with most rural hospitals, Cass County Memorial Hospital has seen a continued shift from "Inpatient utilization" to "Outpatient utilization." Thus, more procedures are done on an outpatient basis due to improved technology.

The Statement of Net Position and the Statement of Revenues, Expenses and Changes in Net Position help us understand if the Hospital as a whole is better or worse off as a result of this year's activities. These statements include all restricted and unrestricted assets and all liabilities using the accrual basis of accounting. Both statements report the Hospital's net position and changes in them. The change in net position is a measure of the Hospital's "financial health," but you will need to consider other "nonfinancial" factors such as changes in the Hospital's patient base, measures in the quality of service, and local economic factors to assess the overall health of the Hospital.

The Statement of Cash Flows reports cash receipts, cash payments, and net changes in cash resulting from operations, investing and financing activities.

STATISTICAL ANALYSIS

The Hospital experienced increased utilization in Acute Care (3.8%), Nursery (24.2%) and Rural Health Clinic Visits (3.1%) compared to FY 2012. Decreased utilization occurred in Skilled Care (21.3%), Behavioral Health Services (7.0%) and Outpatient Occasions of Service (3.1%). This is summarized in Table 1.

Table 1: Statistics

	2013	2012	2011
Acute Care: Discharges Patient Days	587 2,058	622 1,982	611 1,807
Skilled Care: Discharges Patient Days	190 1,451	231 1,843	209 1,633
Behavior Health Unit: Discharges Patient Days	214 1,021	214 1,098	274 976
Nursery: Patient Days	333	268	297
Outpatient Occasions of Service	61,836	63,791	63,279
Rural Health Clinic Visits	42,225	40,969	38,672

STATEMENT OF NET POSITION

Net position increased 10% from \$26,382,050 to \$29,037,052. Total Current Assets increased 14%. Cash increased 33% (135 Days Cash on Hand). Net patient receivables decreased 11% (48 Net Accounts Receivable Days). Current liabilities decreased 0.7% due a decrease in estimated third party payor settlements. Long term debt decreased 4%.

Table 2: Assets, Liabilities, Net Position

	2013		2012		2011
Assets:	1				
Current assets	\$ 23,138	*			5,674,283
Capital assets, net Other noncurrent assets	32,374 4,536		29,298,988 <u>7,605,818</u>		3,400,851 23,513,080
Total assets	\$ 60,048	<u>8,868</u> <u>\$</u>	57,198,193	\$ 5	52,588,214
Liabilities:					
Long-term debt outstanding Other current and noncurrent	\$ 22,150),000 \$	23,027,305	\$ 2	23,819,026
Liabilities	7,733	3,548	7,788,838		5,529,609
Total liabilities	\$ 29,883	<u>8,548</u> <u>\$</u>	30,816,143	\$ 2	<u> 29,348,635</u>
Deferred Revenue	\$ 1,128	<u>8,268</u> <u>\$</u>		\$	
Net Position:					
Invested in capital assets, net of Related debt	\$ 9,364	1.653 \$	9,310,482	\$	7 420 765
Restricted	2,52	•	2,136,899	Ф	7,439,765 3,104,007
Unrestricted	17,150),883	14,934,669	1	2,695,807
Total net position	\$ 29,03	7,052 \$	<u>26,382,050</u>	\$ 2	23,239,579

STATEMENT OF REVENUES, EXPENSES, & CHANGES IN NET POSITION

Patient Service Revenue increased 8% from last fiscal year. Inpatient revenue increased 6%, Swing Bed decreased 29%, Behavioral Health decreased 6%, Outpatient increased 12% and the Rural Health Clinic increased 9%.

Contractual adjustments to Patient Service Revenue increased 7%. Adjustments for bad debt increased 12%, uncompensated care increased 88% and Rural Health Clinic adjustments decreased 25%.

Expenses increased 9%. Salary expense increased 1%, employee benefits increased 7%, professional fees increased 17%, supplies and other expense increased 3%, depreciation increased 93%.

The Hospital had a net operating loss of \$385,162 compared to a net operating loss of \$211,928 in FY 2012. This is consistent with the Hospital's operating history. In 1966, when operations began as a county hospital, it was agreed that a portion of its cost would be subsidized by property tax revenues, making the facility more affordable for the county's lower income residents. Nonoperating revenue (which includes County tax support) decreased by 9% due to an increase in interest expense. The excess of revenue over expense decreased from \$3,142,471 to \$2,655,002 (5.3% total margin).

Table 3: Revenues, Expenses & Changes in Net Position

	2013	2012	2011
Operating Revenues: Patient service revenue Adjustments to patient service revenue Net patient service revenue Other operating revenue Total operating revenues	\$ 50,421,417 (17,750,261) 32,671,156	\$ 46,792,586 (16,582,150) 30,210,436	\$ 44,871,636 (16,961,710) 27,909,926 844,730 28,754,656
Operating Expenses: Salaries Employee benefits Professional fees Supplies and other expense Depreciation Amortization Total operating expenses	14,091,919 4,759,748 4,438,482 7,678,033 2,887,135 14,609 33,855,317	13,976,127 4,440,091 3,792,351 7,478,356 1,494,205 31,181,130	14,009,973 4,179,944 3,543,128 7,617,056 1,594,741 492,016 31,436,858
Operating loss	(385,162)	(211,928)	(2,682,202)
Nonoperating Revenue and Expense: Property taxes Other Nonoperating revenue and Expense Total Nonoperating revenue And expense	2,121,802 918,362 3,040,164	1,963,859 1,390,540 3,354,399	1,956,971 <u>876,064</u> <u>2,833,035</u>
Excess of Revenues Over Expenses	2,655,002	3,142,471	150,833
Net Position Beginning of Year	26,382,050	23,239,579	23,088,746
Net Position End of Year	\$ 29,037,052	<u>\$ 26,382,050</u>	<u>\$ 23,239,579</u>

STATEMENT OF CASH FLOWS

Changes in the Hospital's cash flows are consistent with changes in operating losses and non operating revenues and expenses, discussed earlier. The Hospital received cash from patient and third party payors of \$33,535,680 along with other revenue of \$785,952. Cash paid out to suppliers was \$16,643,505 and employees was \$14,080,896. Net cash provided by operating activities was a positive \$3,597,321 compared to \$936,314 in FY 2012.

The net increase in cash and cash equivalents was \$3,091,620 which included a decrease in capital expenditures for the construction project, a decrease in designated and restricted assets plus a positive net gain in Retail Pharmacy income.

BUDGETARY HIGHLIGHTS

The official county budget of the Hospital for the year ended June 30, 2013 was prepared on a modified accrual basis. Revenue was 1% below budget and expense was 3% below budget. There was no amendment made to the county budget for the fiscal year.

CAPITAL ASSETS

At the end of FY 2013, the Hospital had \$32,374,635 invested in capital assets, net of accumulation depreciation. In FY 2013 the Hospital had capital additions costing \$6,034,066. The Hospital construction in progress and computer system projects was \$97,512.

DEBT

The Hospital has three capital leases for the purchase of equipment. These leases carry interest rates of 6.93% to 20.34% and mature from August, 2013 to January, 2014.

The Hospital issued \$6,780,000 of Hospital Revenue Bonds (Series 2010A) in December, 2010 to pay the cost of expansion and renovation of the Hospital. These bonds are payable from revenues of the Hospital and final payment is due June, 2035. Interest rate of 7.25% is due semi-annually.

The Hospital issued \$16,720,000 of Hospital Revenue Bonds (Series 2010B) in December, 2010 to pay the cost of expansion and renovation of the Hospital. These bonds are payable from revenues of the Hospital. The bonds mature in annual installments beginning in June, 2013 through June, 2026 and installments due June, 2028 and June, 2033, with an interest rate of 2.6% - 10.0%. The Hospital is eligible to receive a 45% subsidy of interest paid from the Federal Government each year for these bonds. This subsidy was reduced 8% this year due to the government sequester.

Under the terms of the Series 2010 bonds the Hospital is required to maintain certain deposits with a bank. The terms of the bonds also places limits on the incurrence of additional debt and requires the Hospital to satisfy certain measures of financial performance, Debt Service Ratio of 1.25 or greater and maintain greater than 60 days cash on hand as long as the bonds are outstanding starting in 2013. In FY 2013 the Debt Service Ratio was 2.79 and Days Cash on Hand were 166.

Total Long Term Debt and Capital Leases outstanding at the end of FY 2013 totaled \$23,015,799.

CONTACTING THE HOSPITAL'S FINANCIAL MANAGEMENT

This financial report is designed to provide our patients, suppliers, taxpayers, and creditors with a general overview of the Hospital's finances and to show the Hospital's accountability for the money it receives. If you have questions about this report or need additional financial information, contact administration at Cass County Memorial Hospital, Atlantic, Iowa 50022.

CASS COUNTY MEMORIAL HOSPITAL Statements of Net Position June 30,

ASSETS

	2013	2012
Current Assets: Cash Patient receivables, less allowances for doubtful accounts and contractual adjustments (\$1,875,000 in 2013, \$1,953,000	\$ 11,889,026	\$ 8,915,658
in 2012) Other receivables Inventory Prepaid expense Succeeding year property tax receivable Internally designated assets Total current assets	4,254,951 1,703,386 588,916 501,536 2,107,000 2,093,415 23,138,230	4,767,569 1,534,699 450,895 550,649 2,013,000 2,060,917 20,293,387
Designated and Restricted Assets: Internally designated assets Restricted assets Less amounts required to meet current liabilities	2,096,807 3,613,673 5,710,480 2,093,415 3,617,065	1,383,794 7,236,615 8,620,409 2,060,917 6,559,492
Capital Assets: Depreciable capital assets, net Non-depreciable capital assets	31,841,560 533,075 32,374,635	27,857,743
Investment in Cass County Medical Clinics, Inc.	124,391	277,514
Other Noncurrent Assets	794,547	768,812
Total assets	\$ 60,048,868	\$ 57,198,193

LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION

		2013		2012
Current Liabilities:				
Current maturities of long-term debt Accounts payable Accrued employee compensation Payroll taxes withheld and accrued Accrued interest payable Other current liabilities Estimated third-party payor settlements Deferred succeeding year property tax Total current liabilities	\$	865,799 1,745,422 1,759,893 453,158 141,276 225,000 436,000 2,107,000 7,733,548	\$	872,942 1,586,575 1,748,870 446,999 144,452 225,000 751,000 2,013,000 7,788,838
Long-Term Debt: Capital lease obligations, less current				
maturities		·		197,305
Bonds payable, less current maturities Total long-term debt		22,150,000 22,150,000	_	22,830,000 23,027,305
Total liabilities		29,883,548		30,816,143
Deferred Inflows of Resources: Deferred revenue		1,128,268		
Net Position: Invested in capital assets, net of related debt		9,364,653		9,310,482
Restricted - expendable Unrestricted	·	2,521,516 17,150,883 29,037,052		2,136,899 14,934,669 26,382,050
Total liabilities, deferred inflows of resources, and net position	<u>\$</u>	60,048,868	<u>\$</u>	57,198,193

CASS COUNTY MEMORIAL HOSPITAL Statements of Revenues, Expenses and Changes in Net Position Year ended June 30,

	2013	2012
Revenues:		
Net patient service revenue	\$ 32,671,156	\$ 30,210,436
Other revenue	798,999	758,766
Total revenue	33,470,155	30,969,202
Expenses:		
Nursing service	6,504,654	6,469,867
Other professional service	12,876,617	12,282,711
General service	2,568,146	2,391,221
Fiscal and administrative service	9,018,765	8,543,126
Provision for depreciation	<u>2,887,135</u>	1,494,205
Total expenses	33,855,317	31,181,130
Operating Loss	(385,162)	(211,928)
Non-Operating Revenues (Expenses):		
County taxes	2,121,802	1,963,859
Investment income	171,887	179,259
Federal interest subsidy	520,313	548,130
Medical office building rent, net	58,225	52,868
Southwest Iowa Mental Health Center	,	22, 000
services, net	97,032	(13,960)
Retail pharmacy income, net	1,276,984	471,990
Other rental income, net	30,051	66,395
Interest expense	(1,523,930)	(38,728)
Gain on disposal of assets	19,050	39,470
Non-operating revenue, net	2,771,414	3,269,283
Excess of Revenues Over Expenses Before Capital		
Grants and Contributions	2,386,252	3,057,355
Capital Grants and Contributions	268,750	85,116
Excess of Revenues Over Expenses and Increase		
in Net Position	2,655,002	3,142,471
Net Position Beginning of Year, as restated (Note R)	<u>26,382,050</u>	23,239,579
Net Position End of Year, as restated	<u>\$ 29,037,052</u>	<u>\$ 26,382,050</u>

The accompanying notes are an integral part of these statements.

CASS COUNTY MEMORIAL HOSPITAL Statements of Cash Flows Year ended June 30,

	2013	2012
Cash flows from operating activities: Cash received from patients and third- party payors Cash paid to suppliers Cash paid to employees Other revenue	\$ 33,535,680 (16,643,505) (14,080,896) — 785,952	\$ 29,096,422 (15,139,968) (13,767,866) —747,726
Net cash provided by operating activities	3,597,231	936,314
Cash flows from noncapital financing activities: County tax revenue	2,121,802	1,963,859
Cash flows from capital and related financing activities: Capital expenditures	(5.7(7.204)	(14 024 751)
Capital grants and contributions Proceeds from disposal of assets	(5,767,294) 268,750 19,050	(14,924,751) 85,116 53,779
Principal paid on long-term debt Deferred construction settlement Debt issue costs incurred	(884,448) 361,268	(260,181) (62,873)
Interest paid Federal interest subsidy received Net cash used in capital and related	(1,732,000) 520,313	(1,746,621) 548,130
financing activities	(7,214,361)	(16,307,401)
Cash flows from investing activities: Investment income Investment in Cass County Medical Clinics, Inc. Decrease in designated and restricted assets Rental income, net	167,987 (26,877) 3,045,128 135,631	178,262 (118,697) 14,353,875 179,777
Southwest Iowa Mental Health Center services, net Retail pharmacy income, net Change in other noncurrent assets Net cash provided by investing activities	28,439 1,276,984 (40,344) 4,586,948	39,526 471,990 (150,899) 14,953,834
Net increase in cash and cash equivalents	3,091,620	1,546,606
Cash and cash equivalents at beginning of year	12,420,842	10,874,236
Cash and cash equivalents at end of year	<u>\$ 15,512,462</u>	<u>\$ 12,420,842</u>

(continued next page)

CASS COUNTY MEMORIAL HOSPITAL Statements of Cash Flows - Continued Year ended June 30,

		2013		2012
Reconciliation of cash and cash equivalents to the balance sheets:				
Cash in current assets Cash and cash equivalents in designated	\$	11,889,026	\$	8,915,658
and restricted assets		3,623,436		3,505,184
	<u>\$</u>	15,512,462	<u>\$</u>	12,420,842
Reconciliation of operating loss to net cash provided by operating activities:				
Operating loss Adjustments to reconcile operating loss to net cash provided by operating activities	\$(385,162)	\$(211,928)
Provision for depreciation Amortization		2,887,135 14,609		1,494,205 30,364
Write-off CCMC investment Expense computer system project Component of operating revenue reclassified for purposes of reporting cash flows		180,000 4,734		180,000 71,418
Interest income on operating funds Change in assets and liabilities	(13,047)	(11,040)
Accounts receivable Inventory Prepaid expense	(412,524 138,021) 49,113	(1,416,014) 69,338 28,779)
Accounts payable, trade Accrued employee compensation		116,164 11,023	(165,885 208,261
Payroll taxes withheld and accrued Estimated third-party payor settlements Deferred EHR incentive payments	(6,159 315,000) 767,000	_	82,604 302,000
Total adjustments Net cash provided by operating activities	 \$	3,982,393 3,597,231	<u> </u>	1,148,242 936,314
1 7 1 6	*		<u> </u>	<u> </u>

Non-Cash Transactions:

The Hospital also incurred the following non-cash transactions in addition to the transactions reflected in the reconciliation of operating loss to net cash provided by operating activities:

	2013	2012
Book value of equipment traded	<u>\$ 23,795</u>	\$
Equipment purchased through capital leases	<u>\$</u>	\$ 100,273

The accompanying notes are an integral part of these statements.

NOTE A - REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1. Reporting Entity

The organization is a county hospital with related healthcare ancillary and outpatient services. The Hospital is organized under Chapter 347 of the Code of Iowa, accordingly is a political subdivision of the State of Iowa, and is therefore exempt from federal and state income taxes. It is governed by a seven member board of trustees elected for six year terms. The Hospital has considered all potential component units for which it is financially accountable, and other organizations for which the nature and significance of their relationship with the Hospital are such that exclusion would cause the Hospital's financial statements to be misleading or incomplete. The criteria for determining financial accountability include: appointing a majority of an organization's governing body, and (a) the Hospital's ability to impose its will on that organization, or (b) the potential for the organization to provide benefits to or impose financial burdens on the Hospital. The Hospital has two component units. Cass County Medical Clinics, Inc. (CCMC) is a component unit because three out of five board members are also board members of the Hospital, and the Cass County Memorial Hospital Foundation is a component unit because the Hospital is the sole beneficiary of the Foundation. The Hospital has elected to exclude the financial information of its component units from these financial statements.

Following is a summary of the approximate assets, liabilities, net assets, revenues, and expenses of the aggregate component units if they were discretely presented as of and for the years ended June 30, 2013 and 2012:

	2013	2012
Assets	<u>\$ 2,001,000</u>	<u>\$ 1,411,000</u>
Liabilities	<u>\$ 1,312,000</u>	<u>\$ 721,000</u>
Net Assets	\$ 689,000	\$ 690,000
Revenues	\$ 4,298,000	\$ 3,798,000
Expenses	\$ 4,299,000	\$ 3,773,000

2. Enterprise Fund Accounting

The Hospital uses enterprise fund accounting. Revenues and expenses are recognized on the accrual basis using the economic resources measurement focus.

NOTE A - REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

3. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

4. Cash and Cash Equivalents

Cash and cash equivalents include investments in highly liquid debt instruments with a maturity of three months or less, including designated and restricted assets.

5. <u>Inventory Valuation</u>

Inventory is valued at the lower of cost (first-in, first-out method) or market, except for general stores inventory which is valued at average cost.

6. Investments

Investments are reported at fair value except for short-term highly liquid investments that have a remaining maturity at the time they are purchased of one year or less. These investments are carried at amortized cost. Interest, dividends, and gains and losses, both realized and unrealized, on investments are included in non-operating revenue when earned, unless restricted by donor or law.

7. Capital Assets

The Hospital's capital assets are reported at historical cost. Contributed capital assets are reported at their estimated fair value at the time of their donation. Capital assets with lives in excess of three years and cost in excess of \$5,000 are capitalized. These capital assets, other than land, are depreciated or amortized (in the case of capital leases) using the straight-line method of depreciation using their estimated useful lives (fifteen to fifty years for buildings and land improvements and five to twenty years for equipment).

8. Costs of Borrowing

Except for capital assets acquired through gifts, contributions, or capital grants, interest cost on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets. Interest cost of \$204,894 was capitalized in 2013 (\$1,709,618 in 2012).

NOTE A - REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

9. Compensated Absences

Hospital employees earn paid time off hours at varying rates depending on years of service. Paid time off consists of holiday, vacation and sick time and accumulates to a maximum of 552 hours for full-time employees and 276 for part-time employees. Any excess over the maximum hours accumulated by the employee's anniversary date is lost. The computed amount of paid time off benefits earned by year end is recorded as part of accrued employee compensation.

10. Operating Revenues and Expenses

The Hospital's statement of revenues, expenses and changes in net position distinguishes between operating and non-operating revenues and expenses. Operating revenues result from exchange transactions associated with providing health care services - the Hospital's principal activity. Nonexchange revenues, including taxes, grants, and contributions received for purposes other than capital asset acquisition, are reported as non-operating revenues. Operating expenses are all expenses incurred to provide health care services, other than financing costs.

11. Net Patient Service Revenue

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

12. Property Tax Levy

Property tax receivable is recognized on the levy or lien date, which is the date that the tax asking is certified by the County Board of Supervisors. The succeeding year property tax receivable represents taxes certified by the Board of Supervisors to be collected in the next fiscal year for the purposes set out in the budget for that year. Although the succeeding year property tax receivable has been recorded, the related revenue is deferred and will not be recognized as revenue until the year for which it is levied. Property tax revenue is reported as non-operating revenue when collected by the County Treasurer.

NOTE A - REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

13. Grants and Contributions

Revenues from grants and contributions (including contributions of capital assets) are recognized when all eligibility requirements, including time requirements are met. Grants and contributions may be restricted for either specific operating purposes or for capital purposes. Amounts that are unrestricted or that are restricted to a specific operating purpose are reported as non-operating revenues. Amounts restricted to capital acquisitions are reported after non-operating revenues and expenses.

14. Endowments

Endowments are provided to the Hospital on a voluntary basis by individuals and private organizations. *Permanent* endowments require that the principal or corpus of the endowment be retained in perpetuity. If a donor has not provided specific instructions, law permits the Board of Trustees to authorize for expenditure the net appreciation of the investments of endowment funds, as discussed in Note C.

15. Restricted Resources

Use of restricted or unrestricted resources for individual projects is determined by the Hospital Board of Trustees based on the facts regarding each specific situation.

16. Net Position

Net position of the Hospital is reported in the following three categories. *Invested in capital assets net of related debt* consist of capital assets net of accumulated depreciation and reduced by the current balances of any outstanding borrowings used to finance the purchase or construction of those assets. *Restricted net position* consists of noncapital assets that must be used for a particular purpose or permanent endowments, as specified by creditors, grantors, or contributors external to the Hospital, including amounts deposited with trustees as required by revenue bond indentures, discussed in Note J. *Unrestricted net position* consists of the remaining net position that does not meet the definition of *invested in capital assets net of related debt or restricted*.

17. Charity Care

The Hospital provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Revenue from services to these patients is automatically recorded in the accounting system at the established rates, but the Hospital does not pursue collection of the amounts. The resulting adjustments are recorded as bad debts or charity service depending on the timing of the charity determination.

NOTE A - REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

18. Accounting Changes

In June, 2011, the Governmental Accounting Standards Board (GASB) issued Statement No. 63, "Financial Reporting of Deferred Outflows of Resources, Deferred Inflows of Resources, and Net Position." This statement provides financial reporting guidance for deferred outflows of resources and deferred inflows of resources. Previous financial reporting standards did not include guidance for these elements, which are distinct from assets and liabilities. This statement is effective for the Hospital for 2012-2013.

The GASB has issued GASB Statement No. 65 "Items Previously Reported as Assets and Liabilities" and GASB Statement No. 66 "Technical Corrections - 2012." No. 65 specifies proper accounting treatment for certain items and helps clarify the items that should be included under the categories established under Statement No. 63. No. 66 resolves conflicting guidance that resulted from previously issued Statements No. 54 and No. 62. The Hospital has elected to early implement these Statements, which are required to be implemented in the 2013-14 year.

NOTE B - THIRD-PARTY PAYOR ARRANGEMENTS

A summary of the payment arrangements with major third-party payors follows:

Medicare and Medicaid - Inpatient services and most outpatient services related to program beneficiaries are paid based on a cost reimbursement methodology. The Hospital is reimbursed for the cost of services at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the fiscal intermediaries. The Hospital's Medicare cost reports have been audited and finalized by the fiscal intermediaries through June 30, 2011. The Medicaid cost reports have been audited through June 30, 2010. However, finalized cost reports are subject to re-opening by the intermediaries within three years of the date of finalization. Outpatient services not paid based on a cost reimbursement methodology are paid based on a prospectively determined fee schedule.

The Hospital also has entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the Hospital under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

NOTE C - ENDOWMENTS AND RESTRICTED ASSETS

Restricted expendable assets are available for the following purposes:

	2013			2012		
Construction project Interest on Series 2010 Bonds Principal on Series 2010 Bonds	\$	1,092,157 675,811 1,845,705	\$	5,099,716 293,201 1,843,698		
	<u>\$</u>	3,613,673	<u>\$</u>	7,236,615		

The Hospital has no restricted nonexpendable assets or endowments at June 30, 2013 or 2012.

Following is a summary of the use of temporarily restricted assets during the year ended June 30:

		2013	2012
Construction project Interest on bonds Principal on bonds	\$	4,007,559 1,709,618 670,000	\$ 13,449,883 967,108
	<u>\$</u>	6,387,177	<u>\$ 14,416,991</u>

NOTE D - DESIGNATED ASSETS

Of the \$17,150,883 (\$14,934,669 as of June 30, 2012) of unrestricted assets as of June 30, 2013, \$2,096,807 (\$1,383,794 for 2012) has been designated by the Hospital's Board of Trustees for purposes identified in the following schedule.

Designated assets remain under the control of the Board of Trustees, which may, at its discretion, later use the funds for other purposes.

		2013		2012
Capital acquisitions and payment of long-term debt Operations	\$	876,170 1,220,637	\$	174,755 1,209,039
	<u>\$</u>	2,096,807	<u>\$</u>	1,383,794

NOTE E - DEPOSITS AND INVESTMENTS

The Hospital's deposits at June 30, 2013 were entirely covered by federal depository insurance or the State Sinking Fund in accordance with Chapter 12C of the Code of Iowa. This chapter provides for additional assessments against the depositories to ensure there will be no loss of public funds. Investments are stated as indicated in Note A.

The Hospital is authorized by statute to invest public funds in obligations of the United States Government, its agencies and instrumentalities; certificates of deposit or other evidences of deposit at federally insured depository institutions approved by the Board of Trustees; prime eligible bankers acceptances; certain high rated commercial paper; perfected repurchase agreements; certain registered open-end management investment companies; certain joint investment trusts; and warrants or improvement certificates of a drainage district.

The composition of designated and restricted assets is as follows:

	2013			2012	
Internally Designated Assets: Cash and cash equivalents Certificates of deposit Donated stock Interest receivable	\$	696,862 1,219,946 179,308 691	\$	12,394 1,207,298 162,361 1,741	
	<u>\$</u>	2,096,807	\$	1,383,794	
Restricted Assets: Cash and cash equivalents U.S. government securities Accrued interest	\$	2,926,574 681,844 5,255	\$	3,492,790 3,698,738 45,087	
	<u>\$</u>	3,613,673	\$	7,236,615	

The Hospital's investment policy limits the investment of operating funds (funds expected to be expended in the current budget year or within 15 months of receipt) in instruments that mature within 397 days. Funds not identified as operating funds may be invested in investments with maturities longer than 397 days but the maturities shall be consistent with the needs and use of the Hospital.

NOTE F - FAIR VALUE MEASUREMENTS

The Hospital's investments are reported at fair value in the accompanying statements of financial position. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTE F - FAIR VALUE MEASUREMENTS - Continued

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs are unobservable and have the lowest priority. The Hospital uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. Level 1 inputs were available for all investments at June 30, 2013 and 2012.

Level 1 Fair Value Measurements

The fair value of the securities is based on quoted values of the shares held by the Hospital at year-end.

The following tables set forth, by level within the fair value hierarchy, the Hospital's investments at fair value as of June 30, 2013 and 2012:

				air Value	
			Measurements		
			at Reporting		
			Date Using:		
				oted Prices	
				n Active	
				arkets for	
			1	dentical	
June 30, 2013	T _o	i., 17.1	C	Assets	
June 30, 2013	<u> </u>	ir Value		Level 1)	
Equity securities	\$	179,308	\$	179,308	
U.S. government securities	Ψ	681,844	Ψ	681,844	
5 10 1 go 1 4		001,011		001,011	
	\$	861,152	\$	861,152	
June 30, 2012				<u>,,,,</u>	
Equity securities	\$	162,361	\$	162,361	
U.S. government securities		3,698,738	·	3,698,738	
	<u>\$</u>	3,861,099	<u>\$</u>	3,861,099	

NOTE G - ACCOUNTS RECEIVABLE AND CONCENTRATION OF CREDIT RISK

The Hospital grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors at June 30, 2013 and 2012, was as follows:

		_2013		2012
Receivable from:				
Patients	\$	2,627,932	\$	3,341,632
Medicare		1,436,872		1,360,827
Medicaid		414,531		454,956
Blue Cross		864,904		714,305
Other commercial insurance carriers		365,056		521,924
Others		420,656		326,925
Less allowances for doubtful accounts and		6,129,951		6,720,569
contractual adjustments		1,875,000		1,953,000
	<u>\$</u>	<u>4,254,951</u>	<u>\$</u>	4,767,569

NOTE H - CAPITAL ASSETS

Capital assets, additions, disposals and balances for the years ended June 30, 2013 and 2012 were as follows:

Cost		Balance 2012	_	Additions	<u>D</u>	isposals		Balance 2013
Land Improvements Buildings Building Services Equipmen Medical Office Building Fixed Equipment Major Movable Equipment Rural Health Clinic Equipment	\$ t	2,285,761 25,357,357 4,427,721 4,890,191 2,627,694 14,713,066 438,506	\$	445,302 5,512,025 50,691 934,218	\$	32,430 712,424	\$	2,731,063 30,869,382 4,478,412 4,890,191 2,595,264 14,934,860 438,506
		54,740,296		6,942,236		744,854		60,937,678
<u>Depreciation</u>								
Land Improvements Buildings Building Services Equipmen Medical Office Building Fixed Equipment Major Movable Equipment Rural Health Clinic Equipment	t 	1,823,070 5,360,575 3,668,811 2,691,715 2,445,979 10,478,525 413,878	_	76,726 1,347,423 128,814 150,219 37,303 1,190,575		32,430 688,629		1,899,796 6,707,998 3,797,625 2,841,934 2,450,852 10,980,471 417,442
Total Depreciation		26,882,553	_	2,934,624		721,059		29,096,118
Depreciable Capital Assets, Net	<u>\$</u>	27,857,743	<u>\$</u>	4,007,612	<u>\$</u>	23,795	<u>\$</u>	31,841,560
Construction in Progress	\$	986,722	\$	4,270,385	\$	5,256,812	\$	295
Computer System Projects		18,960		245,315		167,058		97,217
Land	_	435,563	_					435,563
Non-Depreciable Capital Assets	<u>\$</u>	1,441,245	<u>\$</u>	4,515,700	<u>\$</u>	5,423,870	<u>\$</u>	533,075

NOTE H - CAPITAL ASSETS - Continued

Cost	Balance 2011	Additions	Disposals	Balance 2012
Land Improvements Buildings Building Services Equipmen Medical Office Building Fixed Equipment Major Movable Equipment Rural Health Clinic	\$ 2,273,431 7,172,536 t 4,501,671 4,287,186 2,620,605 12,252,365	\$ 19,300 18,184,821 60,571 679,195 36,604 2,493,764	\$ 6,970 134,521 76,190 29,515 33,063	\$ 2,285,761 25,357,357 4,427,721 4,890,191 2,627,694 14,713,066
Equipment	423,884	14,622		438,506
	33,531,678	21,488,877	280,259	54,740,296
<u>Depreciation</u>				
Land Improvements Buildings Building Services Equipmen Medical Office Building Fixed Equipment Major Movable Equipment Rural Health Clinic Equipment	1,724,264 5,047,079 3,669,676 2,615,340 2,429,078 9,704,643 409,052	100,026 313,496 133,656 144,006 46,416 806,945	1,220 134,521 67,631 29,515 33,063	1,823,070 5,360,575 3,668,811 2,691,715 2,445,979 10,478,525 413,878
Total Depreciation	25,599,132	1,549,371	265,950	26,882,553
Depreciable Capital Assets, Net	\$ 7,932,546	<u>\$ 19,939,506</u>	<u>\$ 14,309</u>	<u>\$ 27,857,743</u>
Construction in Progress	\$ 3,935,502	\$ 16,638,053	\$ 19,586,833	\$ 986,722
Computer System Projects	1,097,240	613,658	1,691,938	18,960
Land	435,563			435,563
Non-Depreciable Capital Assets	\$ 5,468,305	<u>\$ 17,251,711</u>	<u>\$ 21,278,771</u>	<u>\$ 1,441,245</u>

The Hospital rents a portion of the medical office building. Depreciation expense related to the rented space was \$47,489 for the year ended June 30, 2013 (\$55,166 for 2012).

NOTE I - LEASES

Assets recorded under capital leases consist of the following at June 30:

	2013			2012		
Medical Equipment Less: Accumulated Amortization	\$	1,178,790 971,497	\$	1,773,463 1,383,864		
Net Book Value	<u>\$</u>	207,293	\$	389,599		

NOTE J - NON-CURRENT LIABILITIES

A schedule of changes in the Hospital's non-current liabilities for the years ended June 30, 2013 and 2012 follows:

	Balance 2012	Additions	Reductions	Balance 2013	Current Portion
Long-Term Debt: Bonds payable, Series 2010A Bonds payable,	\$ 6,780,000	\$	\$	\$ 6,780,000	\$
Series 2010B Total Long-Term Debt	<u>16,720,000</u> 23,500,000		<u>670,000</u> 670,000	<u>16,050,000</u> 22,830,000	<u>680,000</u> 680,000
Capital Lease Obligations	400,247		214,448	185,799	185,799
Total Non-Current Liabilities	<u>\$ 23,900,247</u>	\$	\$ 884,448	<u>\$ 23,015,799</u>	<u>\$ 865,799</u>
	Balance 2011	Additions	Reductions	Balance 2012	Current Portion
Long-Term Debt:					
Bonds payable, Series 2010A Bonds payable,	\$ 6,780,000	\$	\$	\$ 6,780,000	\$
Series 2010B Total Long-Term Debt	<u>16,720,000</u> 23,500,000			<u>16,720,000</u> 23,500,000	670,000 670,000
Capital Lease Obligations	560,155	100,273	260,181	400,247	202,942
Total Non-Current Liabilities	<u>\$ 24,060,155</u>	<u>\$ 100,273</u>	\$ 260,181	\$ 23,900,247	<u>\$ 872,942</u>

NOTE J - NON-CURRENT LIABILITIES - Continued

Bonds Payable

The Hospital issued \$6,780,000 of Hospital Revenue Bonds, Series 2010A in December, 2010, to pay for the costs of expansion and renovation of the Hospital. The bonds are payable from the revenues of the Hospital. A lump sum payment of \$6,780,000 is due June 1, 2035. The interest rate is 7.25% and is due semi-annually.

The Hospital issued \$16,720,000 of Hospital Revenue Bonds, Series 2010B in December, 2010, to pay for the costs of the expansion and renovation of the Hospital. The bonds are payable from the revenues of the Hospital. The bonds mature in annual installments beginning in June, 2013, through June, 2026, and installments due June, 2028 and June, 2033, with an interest rate of 2.6% - 10.0%. The Hospital is eligible to receive a 45% subsidy of interest paid from the Federal Government each year.

The annual debt service on the bonds is expected to require less than 36% of cash flow available for debt service. For the current year, debt service and cash flow available for debt service were approximately \$2,617,000 and \$7,289,000 respectively.

Under the terms of the bonds, the Hospital is required to maintain certain deposits with a bank. Such deposits are included with restricted assets in the financial statements. The bonds also place limits on the incurrence of additional borrowings and require that the Hospital satisfy certain measures of financial performance as long as the bonds are outstanding.

Capital Leases

The Hospital has entered into three capital leases for the purchase of equipment. The leases carry interest rates of 6.93% to 20.34%. The leases mature from August, 2013 to January, 2014.

Scheduled principal and interest repayments on long-term debt and payments on capital lease obligations are as follows:

Year ending June 30,	Long-Te	erm Debt Interest	<u>Capital</u> Principal	Leases _Interest	To Principal	otal Interest
2014	\$ 680,000	\$ 1,692,198	\$ 185,799	\$ 3,861	\$ 865,799	\$ 1,696,059
2015	695,000	1,670,437			695,000	1,670,437
2016	710,000	1,642,638		·	710,000	1,642,638
2017	730,000	1,608,912			730,000	1,608,912
2018	750,000	1,569,858			750,000	1,569,858
2019-2023	4,160,000	7,103,112			4,160,000	7,103,112
2024-2028	4,585,000	5,502,348			4,585,000	5,502,348
2029-2033	3,740,000	4,327,750			3,740,000	4,327,750
2034-2035	6,780,000	983,100			6,780,000	983,100
	· · · · · · · · · · · · · · · · · · ·					
	\$ 22,830,000	\$ 26,100,353	<u>\$ 185,799</u>	\$ 3,861	\$ 23,015,799	\$ 26,104,214

NOTE K - DEFERRED INFLOWS OF RESOURCES

The deferred inflows of resources include electronic health records (EHR) incentive payments and construction settlement proceeds. The EHR revenue will be recognized over four years, as the related equipment is depreciated. The construction settlement proceeds will be used for reconstructing portions of the newly constructed patient rooms. Amounts deferred and sources are listed below:

		2012		
Electronic health records incentive Construction settlement	\$	767,000 361,268	\$	
	<u>\$</u>	1,128,268	\$	

NOTE L - PENSION AND RETIREMENT BENEFITS

The Hospital contributes to the Iowa Public Employees Retirement System (IPERS) which is a cost-sharing multiple-employer defined benefit pension plan administered by the State of Iowa. IPERS provides retirement and death benefits which are established by State statute to plan members and beneficiaries. IPERS issues a publicly available financial report that includes financial statements and required supplementary information. The report may be obtained by writing to IPERS, P.O. Box 9117, Des Moines, Iowa, 50306-9117.

Plan members are required to contribute 5.78% (5.95% beginning July 1, 2013) of their annual salary and the Hospital is required to contribute 8.67% (8.93% beginning July 1, 2013) of annual covered payroll. Contribution requirements are established by State statute. The Hospital's contributions to IPERS for the years ended June 30, 2013, 2012, and 2011, were approximately \$1,245,400, \$1,176,400, and \$1,008,600, respectively, equal to the required contributions for each year.

NOTE M - DEFERRED COMPENSATION PLAN

The Hospital offers its employees a deferred compensation plan as allowed by Internal Revenue Code Section 457. The plan allows Hospital employees to defer a portion of their current salary until future years. The Hospital matches a portion of employee contributions to the employees' accounts. The Hospital's contribution expense totaled approximately \$227,500 and \$220,600 for the years ended June 30, 2013 and 2012, respectively. The Hospital's accounting and personnel departments are responsible for the accounting, reconciliations and record keeping associated with employees' enrollment, payments to the plan through payroll deductions, and timely transfer of withheld funds to the independent contractor for investment. The plan is designed so that each participant retains investment control of his/her individual account. The employees become eligible to withdraw funds upon termination, retirement, death or unforeseeable emergency.

NOTE M - DEFERRED COMPENSATION PLAN - Continued

The Hospital's fiduciary responsibility is limited to due care in selecting contractors to administer the Plan. These contractors are responsible for withholdings and W-2s when the participants receive payments. The contractors are also required to submit an annual report to the Hospital. The Hospital is liable to a participant only for income lost because of its failure to send payment of a deferred amount as directed by the participant.

The market value of the exclusive benefit plan assets at June 30, 2013 was approximately \$10,886,000 (\$9,958,000 at June 30, 2012). This amount is not included in the financial statements since the Hospital does not own or hold in a trustee capacity the amounts deferred by employees and related income on those amounts.

NOTE N - RELATED PARTIES

Southwest Iowa Mental Health Center

The Hospital has entered into a sharing agreement with Southwest Iowa Mental Health Center, pursuant to Chapter 28E of the Iowa Code, to deliver mental health services in the area. Under the agreement, all non-physician personnel became employees of the Hospital. The Mental Health Center agreed to purchase all non-physician services necessary for the Center's operations from the Hospital. Tax funds collected by the Hospital for a portion of the cost of the Center's non-physician personnel result in credits being passed through to the Center. The Hospital agreed to purchase all mental health physician services necessary for its inpatient operation from the Center.

The Hospital has agreed to provide operating capital and fund operating deficits of the Center. During the year ended June 30, 2013, the Hospital provided \$50,000 (\$50,000 in 2012) of operating capital. The Center had net income in 2013 of \$18,593 (loss of \$103,486 in 2012) without the Hospital's funding.

Below is a summary of the activity and amounts due under the agreement with the Mental Health Center as of June 30:

	2013	2012
Hospital expense to Mental Health Center for physicians	<u>\$ 309,861</u>	\$ 287,853
Support and net deficit funding from Hospital to Mental Health Center	<u>\$ 113,388</u>	<u>\$ 203,421</u>
Hospital revenue for Mental Health Center personnel costs and insurance	<u>\$ 1,257,836</u>	\$ 1,102,641
Owed to Hospital by the Mental Health Center	\$ 826,735	<u>\$ 646,569</u>

NOTE N - RELATED PARTIES - Continued

The financial arrangements for the 2013-2014 year are based on the budgeted needs of each entity. The Hospital has agreed to pay the Mental Health Center approximately \$396,000, which includes financial support and payment for physician services. The Center agreed to pay the Hospital approximately \$1,227,000 for non-physician services. Future financial arrangements will be determined annually based on a review of actual operations and needs.

Health Partners of Southwest Iowa

The Hospital has joined with two other area hospitals (Myrtue Medical Center of Harlan and Montgomery County Memorial Hospital of Red Oak) to form a 28E organization, Health Partners of Southwest Iowa (HPSI). The organization was formed to share ideas, capital, and resources and to assist in the containment of healthcare costs, while improving the quality of healthcare being delivered in the member hospital service areas. Each of the three members purchase mobile scanning and other services from the organization.

Below is a summary of the Hospital's transactions with HPSI and year end balances involving the 28E organization:

	2013	2012
Services purchased from HPSI	<u>\$109,436</u>	\$ 109,077
Services and supplies provided to HPSI	<u>\$ 173,759</u>	\$ 150,528
Amount due from HPSI	\$ 190,484	<u>\$ 126,161</u>
Member share of net assets	<u>\$ 452,158</u>	<u>\$ 427,814</u>

The member share of net assets is included in other noncurrent assets and the amount due from HPSI is included in other receivables on the balance sheet. The Hospital has no ongoing financial interest in or responsibility to HPSI, other than that disclosed above. Financial statements of HPSI will be on file at the Hospital and the Office of the State Auditor.

Cass County Memorial Hospital Foundation

Cass County Memorial Hospital Foundation is a separate not-for-profit organization with an independent board of directors. The Hospital is the sole beneficiary of the Foundation. During the year ended June 30, 2013, contributions received from this organization were approximately \$227,000 (\$49,000 for 2012).

NOTE O - CASS COUNTY MEDICAL CLINICS

The Hospital and local physicians developed a not-for-profit corporation, Cass County Medical Clinics, Inc. (CCMC), to operate three local medical practices (Atlantic Medical Center, Eye Associates and Southwest Iowa Surgery). CCMC leases medical office space, and purchases medical services and supplies from the Hospital. CCMC also purchases health insurance coverage through the Hospital's self-funded group health insurance plan. The Hospital provided start up and operating capital to CCMC over several years, for the benefit of the community. During the year ended June 30, 2013, the Hospital recorded an allowance of \$180,000 against the advances (\$180,000 for 2012). The operations of CCMC are managed by the Hospital and physicians. The Hospital has pledged to support CCMC as may be necessary in the future.

The Hospital contracts with the physicians of CCMC-Atlantic Medical Center for the operation of its four rural health clinics. In addition, the Hospital began to purchase emergency room physician coverage during fiscal year 2013. The Hospital purchases the physician services based on a budgeted amount, set prior to the start of each year. After the completion of the year, an analysis is prepared to determine any net settlement.

Transactions between the Hospital and CCMC are listed below:

CCMC purchases from Hospital Rent of medical office space Medical services, insurance, and other expenses Health insurance		2013		2012	
	\$	65,274 89,534 238,290	\$	65,274 107,699 221,989	
	<u>\$</u>	393,098	\$	394,962	
Hospital purchases from CCMC Physician clinic services Physician emergency room services	\$	2,240,000 343,172	\$	1,965,000	
,	<u>\$</u>	2,583,172	<u>\$</u>	1,965,000	
Following is a schedule of the investment in CCMC as of June 30:					
		2013		2012	
Purchases of physician practices Advances of operating capital, and unpaid rent and insurance	\$	84,944	\$	84,944	
		39,447		192,570	
	\$	124,391	<u>\$</u>	277,514	

CASS COUNTY MEMORIAL HOSPITAL Notes to Financial Statements

June 30, 2013 and 2012

NOTE P - OTHER POST EMPLOYMENT BENEFITS (OPEB)

Plan Description: As required by state law, the Hospital offers health insurance to former employees who have retired after age 55, but have not reached Medicare eligibility. The fully insured plan is a part of the plan offered to all Hospital employees, and the retirees must pay the full cost of the health insurance premium equal to that charged for current employees. There are 233 active employees and 3 retirees currently covered by the health insurance plan.

Funding Policy: The Hospital does not set aside funds to pay for any OPEB liability. Any Hospital costs of an implicit health insurance premium rate subsidy are charged to expense in the year paid.

Net OPEB Obligation: Management of the Hospital considers any OPEB obligation, which may exist, to be immaterial. Therefore the Hospital has elected to not obtain an actuarial evaluation of the OPEB liability.

Generally accepted accounting principles, established under GASB Statement No. 45, require that an actuarial or alternative computation of a liability be completed. The independent auditor's report regarding the financial statements has been qualified as a result of not obtaining the required evaluation and not recording any potential material OPEB liability.

NOTE Q - COMMITMENTS AND CONTINGENCIES

Self-Funded Health Insurance

The Hospital has established an employee health insurance program. Under the self-insured plan, the Hospital pays claims up to maximum limits and carries stop loss insurance for claims in excess of the limits. The estimated amount of unpaid claims at June 30, 2013 is \$225,000 (\$225,000 at June 30, 2012), which is reported in other current liabilities.

Construction in Progress

Subsequent to June 30, 2013, the Hospital began a remodeling project to prepare a space for MRI and furniture with a total estimated cost of \$2,080,000. The cost of the project will be financed with internally generated assets. The MRI machine will be leased on a per scan basis.

Computer System Project and Equipment

As of June 30, 2013, the Hospital incurred fees of \$97,217 for various computer hardware and software applications, and equipment that had not been completed and placed in service. The estimated cost to complete the items is \$69,000.

Notes Receivable

Reported as part of other noncurrent assets on the balance sheets are notes receivable with a balance of \$120,073 as of June 30, 2013 (\$118,097 as of June 30, 2012). The notes receivable represent funds advanced under agreements with physicians who have begun to practice in the community. The agreements include commitments by the physicians to provide medical services in the community for a specified period of years. In exchange for the commitments of time and services, the Hospital will forgive the notes over the terms of the commitments.

NOTE Q - COMMITMENTS AND CONTINGENCIES - Continued

Risk Management

The Hospital is insured by a claims-made policy for protection against liability claims resulting from professional services provided or which should have been provided. Management believes that the malpractice insurance coverage is adequate to cover all asserted and any unasserted claims, therefore no related liability has been accrued. Cass County Memorial Hospital is exposed to various other common business risks for which it is covered by commercial insurance. Settled claims from these risks have not exceeded insurance coverage during the past three years.

Subsequent Events

The Hospital has evaluated all subsequent events through October 15, 2013, the date the financial statements were available to be issued.

NOTE R - ACCOUNTING CHANGE

During 2013, the Hospital elected to early implement GASB Statement No. 65 "Items Previously Reported as Assets and Liabilities." For the year ended June 30, 2011, the Hospital incurred \$481,387 of debt issue costs. The Hospital recorded the costs as an asset to be amortized over the life of the loan. Under provisions of GASB Statement No. 65, debt issue costs are to be expensed in the year incurred. The change will be made by reducing net position as of the beginning of the 2011-12 year and expenses for the 2011-12 year. The following is a summary of the effect of the change on the individual items in the financial statements for the year ended June 30:

		2012	
	<u>Previous</u>	Change	Current
Debt Issue Costs	\$ 460,033	<u>\$(460,033</u>)	<u> </u>
Revenues	\$ 30,969,202	\$	\$ 30,969,202
Expenses	<u>31,202,484</u>	(21,354)	31,181,130
Operating Income (Loss)	(233,282)	21,354	(211,928)
Non-Operating Revenue	3,269,283	. 	3,269,283
Capital Grants	85,116		<u>85,116</u>
Excess of Revenues Over Expenses			
and Increase in Net Position	3,121,117	21,354	3,142,471
Net Position Beginning of Year	23,720,966	(481,387)	23,239,579
Net Position End of Year	\$ 26,842,083	<u>\$(460,033)</u>	\$ 26,382,050

REQUIRED SUPPLEMENTARY INFORMATION

CASS COUNTY MEMORIAL HOSPITAL Budgetary Comparison Schedule Year Ended June 30, 2013

This budgetary comparison is presented as Required Supplementary Information in accordance with Government Auditing Standards. In accordance with the Code of Iowa, the Board of Trustees annually adopts a budget following required public notice and hearings. The annual budget may be amended during the year utilizing similar statutorily-prescribed procedures. The following is a reconciliation between reported amounts and the modified accrual basis used to prepare the budget. The adjustments result from accounting for interest, plant and equipment purchases, and net assets differently for financial statement and budget purposes.

		Per Financial Statements				
		Unrestricted Fund	Restricted Fund	Total		
Amount raised by taxation		\$ 2,121,802	\$	\$ 2,121,802		
Other revenues Transfers in (out), net		34,388,517 (384,617)		34,388,517		
		36,125,702	384,617	36,510,319		
Expenses		33,855,317		33,855,317		
Net		2,270,385	384,617	2,655,002		
Balance beginning of year		24,245,151	2,136,899	26,382,050		
Balance end of year		\$ 26,515,536	\$ 2,521,516	\$ 29,037,052		
	Total Per Financial Statements	Budget Adjustments	Budget Basis	Adopted Budget		
Amount raised by taxation	\$ 2,121,802	\$	\$ 2,121,802	\$ 2,013,417		
Other revenues	34,388,517 36,510,319	1,523,930 1,523,930	35,912,447 38,034,249	36,062,898 38,076,315		
Expenses	33,855,317	7,496,118	41,351,435	42,601,457		
Net	2,655,002	(5,972,188)	(3,317,186)	(4,525,142)		
Balance beginning of year	26,382,050	(8,747,176)	17,634,874	17,634,874		
Balance end of year	\$ 29,037,052	<u>\$(_14,719,364</u>)	<u>\$ 14,317,688</u>	<u>\$ 13,109,732</u>		

SUPPLEMENTARY INFORMATION

CASS COUNTY MEMORIAL HOSPITAL Patient Receivables June 30,

Analysis of Aging:

	2013	}	. 2	2012
		Percent		Percent
Days Since Discharge	Amount	<u>to Total</u>	Amount_	<u>to Total</u>
0 - 30 31 - 60 61 - 90 91 - 120 121 and over In hospital Total hospital Rural Health Clinic	\$ 1,959,271 639,344 432,294 310,586 812,366 4,153,861 1,043,336 5,197,197 932,754	32.0% 10.4 7.0 5.1 13.3 67.8 17.0 84.8 15.2	\$ 1,434,59 1,140,30 411,43 295,50 667,40 3,949,24 1,856,56 5,805,80 914,76	17.0 19.6.1 10.1
	6,129,951	100.0%	6,720,56	<u>100.0%</u>
Less: Allowance for doubtful accounts - hospital Allowance for doubtful accounts - RHC Allowance for contractual adjustments - hospital	450,000 320,000 1,105,000 \$ 4,254,951		327,00 320,00 1,306,00 \$ 4,767,56	00 00

Hospital Allowance for Doubtful Accounts:

	<u>Year ended June 3</u> 2013 20		
Balance, beginning	\$ 327,000	\$ 453,000	
Provision for bad debts	2,733,410	2,442,013	
Recoveries of accounts previously written off	420,640 3,481,050	370,578 3,265,591	
Accounts written off	3,031,050	2,938,591	
Balance, ending	\$ 450,000	\$ 327,000	

See Independent Auditor's Report.

CASS COUNTY MEMORIAL HOSPITAL Other Receivables/Inventory/Prepaid Expense June 30,

	2013	2012
Other Receivables Shared services Health Partners of Southwest Iowa Lifeline Southwest Iowa Mental Health Center Other	\$ 124,191 190,484 41,344 826,735 520,632	\$ 63,143 126,161 19,925 646,569 678,901
	\$ 1,703,386	<u>\$ 1,534,699</u>
Inventory General stores Pharmacy Laboratory Rural Health Clinic Dietary Fuel oil	\$ 59,543 419,754 78,689 15,000 7,211 8,719 \$ 588,916	\$ 48,012 299,164 74,208 15,000 6,399 8,112 \$ 450,895
Prepaid Expense Dues Insurance Maintenance agreements and other	\$ 17,280 45,150 439,106 \$ 501,536	\$ 18,144 63,717 468,788 \$ 550,649

CASS COUNTY MEMORIAL HOSPITAL Patient Service Revenue Year ended June 30,

Obstetric 263,840 214,071 Intensive care 548,344 625,303 Nursery 154,688 126,672 Psychiatric services 1,934,654 2,011,144 Coperating room 5,089,011 4,037,375 Recovery room 729,498 568,561 Delivery and labor rooms 261,572 238,283 Central services and supply 2,750,064 2,839,635 Intravenous therapy 277,024 307,052 Emergency service 2,291,182 1,762,635 Oncology service 248,343 293,538 Enterstomal therapy 95,221 131,317 11,741,915 10,178,405 Other Professional Services: Emergency room physicians 1,266,267 1,218,574 Laboratory 6,767,459 6,512,487 Blood bank 104,821 89,445 Electrocardiology 204,039 204,755 Cardiac stress testing 126,035 110,477 Ambulatory electrocardiology 135,975 109,935 Ra		2013	2012
Other Nursing Services: Operating room 5,089,011 4,037,375 Recovery room 729,498 568,561 Delivery and labor rooms 261,572 238,283 Central services and supply 2,750,064 2,839,635 Intravenous therapy 277,024 307,053 Emergency service 2,291,182 1,762,635 Oncology service 248,343 293,538 Enterstomal therapy 95,221 131,317 11,741,915 10,178,405 Other Professional Services: Emergency room physicians 1,266,267 1,218,574 Laboratory 6,767,459 6,512,487 Blood bank 104,821 89,444 Electrocardiology 204,039 204,757 Cardiac stress testing 126,035 110,472 Ambulatory electrocardiology 2,254,269 2,265,893 CT scanning 3,012,946 2,808,815 MRI scanning 1,321,047 1,357,462 Nuclear medicine and ultrasound 1,381,956 1,326,136 Respiratory care <td< td=""><td>Medical and surgical Obstetric Intensive care Nursery</td><td>263,840 548,344 154,688 1,934,654</td><td>214,071 625,303 126,672 2,011,144</td></td<>	Medical and surgical Obstetric Intensive care Nursery	263,840 548,344 154,688 1,934,654	214,071 625,303 126,672 2,011,144
Emergency room physicians 1,266,267 1,218,574 Laboratory 6,767,459 6,512,487 Blood bank 104,821 89,449 Electrocardiology 204,039 204,757 Cardiac stress testing 126,035 110,472 Ambulatory electrocardiology 135,975 109,935 Radiology 2,254,269 2,265,893 CT scanning 3,012,946 2,808,819 MRI scanning 1,321,047 1,357,462 Nuclear medicine and ultrasound 1,381,956 1,326,136 Pharmacy 5,318,489 4,554,247 Anesthesia 1,811,680 1,480,157 Respiratory care 1,282,193 1,240,222 Physical therapy 1,342,386 1,340,905 Speech therapy 172,452 180,615 Occupational therapy 295,012 319,927 Cardiac rehabilitation 217,888 192,773 Diabetic center 66,256 53,028 Sleep study 225,888 172,370	Operating room Recovery room Delivery and labor rooms Central services and supply Intravenous therapy Emergency service Oncology service	5,089,011 729,498 261,572 2,750,064 277,024 2,291,182 248,343 95,221	4,037,379 568,561 238,283 2,839,639 307,053 1,762,639 293,538 131,317
34,099,925 31,764,091	Emergency room physicians Laboratory Blood bank Electrocardiology Cardiac stress testing Ambulatory electrocardiology Radiology CT scanning MRI scanning Nuclear medicine and ultrasound Pharmacy Anesthesia Respiratory care Physical therapy Speech therapy Occupational therapy Cardiac rehabilitation Diabetic center	6,767,459 104,821 204,039 126,035 135,975 2,254,269 3,012,946 1,321,047 1,381,956 5,318,489 1,811,680 1,282,193 1,342,386 172,452 295,012 217,888 66,256 225,888 6,792,867 34,099,925	6,512,487 89,449 204,757 110,472 109,935 2,265,893 2,808,819 1,357,462 1,326,136 4,554,247 1,480,157 1,240,222 1,340,905 180,615 319,927 192,773 53,028 172,370 6,225,863 31,764,091

CASS COUNTY MEMORIAL HOSPITAL Patient Service Revenue - Continued Year ended June 30,

		 2013		2012
	SUMMARY			
Inpatient Swing Bed Psychiatric Services Outpatient Rural Health Clinics		\$ 6,167,190 1,731,735 2,189,593 33,540,032 6,792,867	\$	5,807,177 2,452,639 2,317,844 29,989,063 6,225,863
		\$ 50,421,417	<u>\$</u>	46,792,586

CASS COUNTY MEMORIAL HOSPITAL Revenue and Related Adjustments Year ended June 30,

	2013	2012
Net Patient Service Revenue: Patient service revenue Contractual adjustments - hospital Provision for bad debts - hospital Provision for contractual adjustment and bad debts - RHC Uncompensated care	\$ 50,421,417 (13,840,833) (2,733,410) (722,831) (453,187)	\$ 46,792,586 (12,929,823) (2,442,013) (969,192) (241,122)
	<u>\$ 32,671,156</u>	<u>\$ 30,210,436</u>
Other Revenue:		
Interest income on operating funds Meals sold to employees and guests Meals on wheels Visiting physician clinic rent Operating grants Medical record transcripts VHA participation Biomedical service Nursing education Other	\$ 13,047 180,309 59,672 218,257 139,376 1,738 56,361 27,526 3,890 98,823	\$ 11,040 202,227 50,477 198,618 172,911 1,517 6,163 31,986 5,040 78,787
	<u>\$ 798,999</u>	<u>\$ 758,766</u>

CASS COUNTY MEMORIAL HOSPITAL Nursing Service Expenses Year ended June 30,

	2013	2012
Nursing Administration: Salaries and wages Supplies and other expense	\$ 174,000 3,430 177,430	\$ 172,607 <u>4,075</u> 176,682
In-Service Training: Salaries and wages Supplies and other expense	73,931 36,788 110,719	69,964 37,770 107,734
Quality Assurance: Salaries and wages Supplies and other expense	222,421 109,867 332,288	194,512 20,103 214,615
Nursing Supervision: Salaries and wages Supplies and other expense	267,168 119 267,287	271,862 ————————————————————————————————————
Medical and Surgical: Salaries and wages Supplies and other expense	1,099,656 <u>72,090</u> 1,171,746	1,075,790 69,958 1,145,748
Psychiatric Services: Salaries and wages Professional fees Supplies and other expense	835,658 309,861 19,490 1,165,009	857,462 287,853 14,219 1,159,534
Intensive Care: Salaries and wages Supplies and other expense	380,633 4,209 384,842	455,061 15,798 470,859
Obstetric: Salaries and wages Supplies and other expense	298,802 46,814 345,616	325,083 20,857 345,940
Nursery: Salaries and wages	155,765	156,798

CASS COUNTY MEMORIAL HOSPITAL Nursing Service Expenses - Continued Year ended June 30,

	2013	2012
Operating Room: Salaries and wages Professional fees Supplies and other expense	\$ 505,241 48,784 155,034 709,059	\$ 507,263 21,345 <u>157,047</u> 685,655
Recovery Room: Salaries and wages Supplies and other expense	48,823 523 49,346	51,345 51,345
Delivery and Labor Rooms: Salaries and wages	68,405	68,857
Central Services and Supply: Salaries and wages Supplies sold to patients Supplies and other expense	33,309 555,914 8,065 597,288	49,120 551,766 16,517 617,403
Intravenous Therapy: Solutions Supplies and other expense	9,355 63,872 73,227	9,442 69,967 79,409
Emergency Room: Salaries and wages Supplies and other expense	358,508 42,393 400,901	432,109 35,216 467,325
Outpatient Clinics: Salaries and wages Supplies and other expense	457,852 37,874 495,726	410,431 39,659 450,090
	<u>\$ 6,504,654</u>	<u>\$ 6,469,867</u>

CASS COUNTY MEMORIAL HOSPITAL Other Professional Service Expenses Year ended June 30,

	2013	2012
Emergency Room Physicians: Salaries and wages Professional fees	\$ 214,681 542,229 756,910	\$ 272,856 320,080 592,936
Laboratory: Salaries and wages Professional fees Supplies and other expense Cost of chemistry reagents	763,538 405,404 345,125 348,943 1,863,010	744,238 372,698 280,924 311,311 1,709,171
Blood Bank: Cost of blood	124,184	126,049
Electrocardiology: Salaries and wages	9,603	9,431
Cardiac Stress Testing: Salaries and wages Professional fees Supplies and other expense	5,600 560 947 7,107	4,763 672 2,339 7,774
Ambulatory Electrocardiology: Salaries and wages Purchased services Supplies and other expense	10,143 8,080 308 18,531	8,691 7,050 331 16,072
Radiology: Salaries and wages Professional fees Cost of film Supplies and other expense	346,299 5,135 552 217,905 569,891	339,289 5,581 1,206 221,026 567,102
CT and MRI Scanning: Salaries and wages Purchased services Supplies and other expense	78,373 151,538 128,740 358,651	78,274 157,179 134,391 369,844

CASS COUNTY MEMORIAL HOSPITAL Other Professional Service Expenses - Continued Year ended June 30,

	2013	2012
Nuclear Medicine and Ultrasound: Salaries and wages Purchased services Supplies and other expense	\$ 104,113 123,792 49,437 277,342	\$ 91,444 110,934 24,892 227,270
Pharmacy: Salaries and wages Drugs Supplies and other expense	589,861 958,148 158,456 1,706,465	576,333 1,301,821 68,263 1,946,417
Anesthesia: Professional fees Supplies and other expense	628,411 14,390 642,801	603,493 18,369 621,862
Respiratory Care: Salaries and wages Oxygen Supplies and other expense	225,351 20,544 7,305 253,200	211,670 21,048 <u>9,230</u> 241,948
Physical Therapy: Salaries and wages Professional fees Supplies and other expense	349,578 16,518 57,446 423,542	337,537 12,870 11,353 361,760
Occupational Therapy: Salaries and wages Supplies and other expense	109,955 13,951 123,906	105,456 10,458 115,914
Speech Therapy: Salaries and wages Professional fees Supplies and other expense	50,045 2,623 52,668	56,938 2,968 1,721 61,627

CASS COUNTY MEMORIAL HOSPITAL Other Professional Service Expenses - Continued Year ended June 30,

	 2013	2012	
Cardiac Rehabilitation: Salaries and wages Supplies and other expense	\$ 145,880 9,842 155,722	\$	150,112 12,415 162,527
Diabetic Center: Salaries and wages Supplies and other expense	 111,292 13,198 124,490		106,276 2,286 108,562
Medical Records: Salaries and wages Supplies and other expense Microfilming services purchased	 351,780 57,612 2,146 411,538		351,044 39,286 45,830 436,160
Medical Education - Community Orientation Program: Supplies and other expense	4,292		5,920
Utilization Review: Salaries and wages Supplies and other expense	 167,803 21,535 189,338		193,280 22,260 215,540
Sleep Studies: Purchased services Supplies and other expense	 71,000 1 71,001		77,125 77,125

CASS COUNTY MEMORIAL HOSPITAL Other Professional Service Expenses - Continued Year ended June 30,

	2013	2012
Rural Health Clinic - Atlantic: Salaries and wages Professional fees Purchased services Facility costs Supplies and other expense	\$ 1,838,657 2,128,404 50,226 46,510 241,337 4,305,134	\$ 1,678,881 1,891,973 97,471 48,061 233,702 3,950,088
Rural Health Clinic - Anita: Salaries and wages Professional fees Facility costs Supplies and other expense	81,063 29,826 20,621 9,237 140,747	75,940 30,024 19,763 <u>9,828</u> 135,555
Rural Health Clinic - Massena: Salaries and wages Professional fees Facility costs Supplies and other expense	56,622 42,053 5,788 15,307 119,770	49,673 28,118 6,123 12,377 96,291
Rural Health Clinic - Griswold: Salaries and wages Professional fees Facility costs Supplies and other expense	67,644 62,885 21,134 15,111 166,774 \$ 12,876,617	54,670 36,635 18,892 9,569 119,766 \$

CASS COUNTY MEMORIAL HOSPITAL General Service Expenses Year ended June 30,

		2013		2012
Dietary:				
Salaries and wages	\$	435,420	\$	430,106
Food		233,053		221,312
Supplies and other expense		56,115		48,584
		724,588		700,002
Operation of Plant:				
Salaries and wages		379,821		354,562
Electricity		169,805		150,684
Natural gas and fuel oil		96,843		83,052
Water		45,225		38,222
Supplies and other expense		274,865		218,480
		966,559		845,000
Clinical Equipment:				
Contracted services		99,120		97,979
Supplies and other expense		4,083		5,007
		103,203		102,986
Housekeeping:				
Salaries and wages		375,993		350,389
Contracted management services		212,765		218,376
Supplies and other expense		58,075		55,818
		646,833		624,583
Laundry and Linen:				
Salaries and wages		37,654		34,846
Contracted management services		22,218		21,971
Supplies and other expense		65,680		60,390
Linens		1,411		1,443
		126,963	-	118,650
	<u>\$</u>	2,568,146	<u>\$</u>	2,391,221

CASS COUNTY MEMORIAL HOSPITAL Fiscal and Administrative Service Expenses Year ended June 30,

	2013	2012
Administrative Services: Salaries and wages Dues and subscriptions Legal publications and advertising Consulting fees Physician recruiting Supplies and other expense	\$ 294,762 44,264 11,016 173,447 232,578 178,218 934,285	\$ 275,420 41,348 10,078 137,239 206,061 194,103 864,249
Fiscal Services: Salaries and wages Telephone Freight and postage Professional fees Supplies and other expense	356,077 38,961 13,697 44,965 142,870 596,570	349,515 34,651 16,590 39,970 111,192 551,918
Admissions: Salaries and wages Supplies and other expense	294,952 9,008 303,960	272,212 12,390 284,602
Credit and Collections: Salaries and wages Supplies and other expense Collection expense	177,699 82,218 118,230 378,147	172,217 86,609 112,560 371,386
Information Systems: Salaries and wages Professional fees Supplies and other expense	628,157 422,072 1,050,229	705,270 832 429,030 1,135,132
Human Resources: Salaries and wages Supplies and other expense	209,790 116,319 326,109	203,248 74,447 277,695
Public Relations: Salaries and wages Supplies and other expense	66,784 95,811 162,595	58,998 86,917 145,915
Purchasing: Salaries and wages Supplies and other expense	131,834 36,629 168,463	129,412 30,070 159,482

CASS COUNTY MEMORIAL HOSPITAL Fiscal and Administrative Service Expenses - Continued Year ended June 30,

	2013	2012
Employee Welfare: Social Security tax Iowa Public Employees' Retirement System Group health insurance Workers' compensation insurance Deferred compensation Other	\$ 993,550 1,245,443 2,050,210 115,474 227,468 127,603 4,759,748	\$ 997,013 1,176,375 1,783,399 151,677 220,627 111,000 4,440,091
Insurance: Liability and property insurance	151,080	143,789
Wellness: Supplies and other expense	18,567	18,620
Compliance: Supplies and other expense	20,004	13,210
Customer Service: Salaries and wages Supplies and other expense	11,554 104,085 115,639	11,082 92,165 103,247
Foundation: Salaries and wages	33,369	33,790
	<u>\$ 9,018,765</u>	\$ 8,543,126
Summary of Expenses		
Salaries and wages Employee benefits Professional fees Supplies and other expense	\$ 14,091,919 4,759,748 4,438,482 7,678,033 \$ 30,968,182	\$ 13,976,127 4,440,091 3,792,351 7,478,356 \$ 29,686,925
	$\frac{\sqrt{50,700,102}}{2}$	<u>v 23,000,923</u>

CASS COUNTY MEMORIAL HOSPITAL Comparative Statistics Year ended June 30,

	2013	2012	2011	2010	2009
Acute Care: Admissions	590	620	611	670	1,023
Discharges	587	622	611	673	1,015
Patient Days	2,058	1,982	1,807	1,958	2,716
Average Length of Stay	3.51	3.19	2.96	2.91	2.68
Average Occupied Beds	5.6	5.4	5.0	5.4	7.4
Swing Bed: Admissions	189	229	208	247	339
Discharges	190	231	209	244	343
SNF Days	1,451	1,843	1,633	1,639	2,276
Average Occupied Beds	4.0	5.0	4.5	4.5	6.2
Skilled Nursing Facility: Admissions					9
Discharges					9
Patient Days					42
Combined Average Occupied Beds (Acute and Skilled)	9.6	10.4	9.5	9.9	13.8
Psychiatric Unit: Admissions	211	220	271	258	209
Discharges	214	214	274	255	214
Patient Days	1,021	1,098	976	1,017	1,187
Average Occupied Beds	2.8	3.0	2.7	2.8	3.3
Total Average Occupied Beds	12.4	13.4	12.2	12.7	17.0
Nursery Days	333	268	297	249	329
Outpatient Occasions of Service	61,836	63,791	63,279	63,719	63,797
Physician Clinic Visits	42,225	40,969	38,672	39,384	43,584
See Independent Auditor's Report.					

CASS COUNTY MEMORIAL HOSPITAL Comparative Statements of Net Position June 30,

Current Assets: \$ 11,889,026 \$ 8,915,658 Patient receivables, net 4,254,951 4,767,569 Other receivables 1,703,386 1,534,699 Inventory 588,916 450,895 Prepaid expense 501,536 550,649 Succeeding year property tax receivable 2,107,000 2,013,000 Internally designated assets 2,093,415 2,060,917 Total current assets 23,138,230 20,293,387 Other Assets: Designated and restricted assets, net 3,617,065 6,559,492 Capital assets, net 32,374,635 29,298,988 Other noncurrent assets 918,938 1,046,326 Total other assets 918,938 1,046,326 Total other assets 36,910,638 36,904,806 Estimated third-party payor settlements 4,865,799 \$7,198,193 Current maturities of long-term debt \$85,799,327 2,565,321 Accrued expenses 2,579,327 2,565,321 Estimated third-party payor settlements 436,000 751,000			2013		2012
Designated and restricted assets, net 3,617,065 6,559,492 Capital assets, net 32,374,635 29,298,988 Other noncurrent assets 918,938 1,046,326 Total other assets 36,910,638 36,904,806 Current Liabilities: Current maturities of long-term debt \$ 865,799 \$ 872,942 Accounts payable 1,745,422 1,586,575 Accrued expenses 2,579,327 2,565,321 Estimated third-party payor settlements 436,000 751,000 Deferred revenue for succeeding year property tax receivable 2,107,000 2,013,000 Total current liabilities 7,733,548 7,788,838 Capital Lease Obligations, Net 197,305 Bonds Payable, Net 22,150,000 22,830,000	Cash Patient receivables, net Other receivables Inventory Prepaid expense Succeeding year property tax receivable Internally designated assets	\$	4,254,951 1,703,386 588,916 501,536 2,107,000 2,093,415	\$	4,767,569 1,534,699 450,895 550,649 2,013,000 2,060,917
Current maturities of long-term debt \$ 865,799 \$ 872,942 Accounts payable 1,745,422 1,586,575 Accrued expenses 2,579,327 2,565,321 Estimated third-party payor settlements 436,000 751,000 Deferred revenue for succeeding year property tax receivable 2,107,000 2,013,000 Total current liabilities 7,733,548 7,788,838 Capital Lease Obligations, Net 197,305 Bonds Payable, Net 22,150,000 22,830,000	Designated and restricted assets, net Capital assets, net Other noncurrent assets	<u> </u>	32,374,635 918,938 36,910,638	<u> </u>	29,298,988 1,046,326 36,904,806
Bonds Payable, Net 22,150,000 22,830,000	Current maturities of long-term debt Accounts payable Accrued expenses Estimated third-party payor settlements Deferred revenue for succeeding year property tax receivable	\$	1,745,422 2,579,327 436,000 2,107,000	\$	1,586,575 2,565,321 751,000 2,013,000
	Capital Lease Obligations, Net				197,305
Deferred Inflows of Resources:	Bonds Payable, Net		22,150,000		22,830,000
Deferred Revenue 1,128,268					
Net Position 29,037,052 26,382,050 \$ 60,048,868 \$ 57,198,193	INCU L OSITIOII	\$		 \$	

2011	2010	2009
\$ 7,256,381 4,067,652 872,088 520,233 521,870 1,950,000 486,059 15,674,283	\$ 3,636,087 5,064,426 913,607 572,468 449,963 1,851,000 493,092 12,980,643	\$ 3,322,317 5,419,949 839,699 682,971 554,369 2,086,000 562,833 13,468,138
22,588,859 13,400,851 924,221 36,913,931 \$ 52,588,214	5,992,362 9,313,124 1,085,656 16,391,142 \$ 29,371,785	5,174,364 9,189,413 1,057,152 15,420,929 \$ 28,889,067
<u>Ψ 32,300,21+</u>	<u>\$\pi\$ 29,311,763</u>	<u>\$ 28,889,007</u>
\$ 241,129 616,749 2,272,731 449,000	\$ 460,393 650,584 2,131,356 660,000	\$ 537,869 717,953 2,199,624 583,000
5,529,609	<u>1,851,000</u> 5,753,333	2,086,000 6,124,446
319,026	529,706	298,497
23,500,000		153,135
23,239,579	23,088,746	22,312,989
\$ 52,588,214	\$ 29,371,785	\$ 28,889,067

CASS COUNTY MEMORIAL HOSPITAL Comparative Statements of Revenues and Expenses Year ended June 30,

	2013	2012
Patient Service Revenue	\$ 50,421,417	\$ 46,792,586
Adjustments to Patient Service Revenue	(17,750,261)	(16,582,150)
Net Patient Service Revenue	32,671,156	30,210,436
Other Revenue	798,999	758,766
Total Revenue	33,470,155	30,969,202
Expenses	33,855,317	31,181,130
Operating Loss	(385,162)	(211,928)
Non-Operating Revenue, Net	2,771,414	3,269,283
Capital Grants and Contributions	268,750	85,116
Excess of Revenues Over Expenses	<u>\$ 2,655,002</u>	\$ 3,142,471

2011	2010	2009
\$ 44,871,636	\$ 44,929,206	\$ 47,217,240
(16,961,710)	(15,406,862)	(17,502,545)
27,909,926	29,522,344	29,714,695
844,730	1,142,048	1,109,490
28,754,656	30,664,392	30,824,185
31,436,858	31,838,929	31,698,666
(2,682,202)	(1,174,537)	(874,481)
2,746,127	1,865,380	2,082,108
86,908	84,914	64,686
\$ 150,833	<u>\$ 775,757</u>	<u>\$ 1,272,313</u>

COMMENTS AND RECOMMENDATIONS

Gronewold, Bell, Kyhnn & Co. P.C.

CERTIFIED PUBLIC ACCOUNTANTS • BUSINESS AND FINANCIAL CONSULTANTS

1910 EAST 7th STREET BOX 369 ATLANTIC, IOWA 50022-0369 (712) 243-1800 FAX (712) 243-1265 CPA@GBKCO.COM Mark D. Kyhnn David L. Hannasch Kenneth P. Tegels Christopher J. Nelson David A. Ginther

Independent Auditor's Report on Internal Control over Financial Reporting
and on Compliance and Other Matters

Based on an Audit of Financial Statements Performed in Accordance with
Government Auditing Standards

To the Board of Trustees Cass County Memorial Hospital Atlantic, Iowa

We have audited the financial statements of Cass County Memorial Hospital as of and for the year ended June 30, 2013, and have issued our report thereon dated October 15, 2013. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States.

Internal Control Over Financial Reporting

In planning and performing our audit, we considered Cass County Memorial Hospital's internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing our opinion on the effectiveness of Cass County Memorial Hospital's internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the Hospital's internal control over financial reporting.

Our consideration of internal control over financial reporting was for the limited purpose described in the preceding paragraph and would not necessarily identify all deficiencies in internal control over financial reporting that might be significant deficiencies or material weaknesses, and, therefore, there can be no assurance all deficiencies, significant deficiencies, or material weaknesses have been identified. However, as described in the accompanying Schedule of Findings, we identified certain deficiencies in internal control over financial reporting that we consider to be significant deficiencies.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect and correct misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility a material misstatement of the Hospital's financial statements will not be prevented or detected and corrected on a timely basis.

To the Board of Trustees Cass County Memorial Hospital

A significant deficiency is a deficiency or combination of deficiencies in internal control which is less severe than a material weakness, yet important enough to merit attention by those charged with governance. We consider the deficiency described in Part I of the accompanying Schedule of Findings as item 13-I-A to be a significant deficiency.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Cass County Memorial Hospital's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, non-compliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of non-compliance or other matters that are required to be reported under <u>Government Auditing Standards</u>. However, we noted certain immaterial instances of non-compliance or other matters that are described in Part II in the accompanying Schedule of Findings.

Comments involving statutory and other legal matters about the Hospital's operations for the year ended June 30, 2013 are based exclusively on knowledge obtained from procedures performed during our audit of the financial statements of the Hospital. Since our audit was based on tests and samples, not all transactions that might have had an impact on the comments were necessarily audited. The comments involving statutory and other legal matters are not intended to constitute legal interpretations of those statutes.

Response to Findings

Cass County Memorial Hospital's responses to findings identified in our audit are described in the accompanying Schedule of Findings. While we have expressed our conclusions on the Hospital's responses, we did not audit the Hospital's responses and, accordingly, we express no opinion on them.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the result of that testing and not to provide an opinion on the effectiveness of the Hospital's internal control over compliance. This report is an integral part of an audit performed in accordance with <u>Government Auditing Standards</u> in considering the Hospital's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Atlantic, Iowa
October 15, 2013

CASS COUNTY MEMORIAL HOSPITAL Schedule of Findings Year ended June 30, 2013

PART I - SIGNIFICANT DEFICIENCIES

13-I-A Segregation of Duties: A limited number of people have the primary responsibility for most of the accounting and financial duties. As a result, some of those aspects of internal accounting control which rely upon an adequate segregation of duties are, for all practical purposes, missing in the Hospital. This deficiency is common among most small rural Hospitals.

<u>Recommendation</u>: We recognize that it may not be economically feasible for the Hospital to employ additional personnel for the sole purpose of segregating duties, however, it is our professional responsibility to bring this control deficiency to your attention. We recommend that the Board be aware of the lack of segregation of duties and that they act as an oversight group to the accounting personnel.

<u>Response</u>: The Board is aware of this lack of segregation of duties, but it is not economically feasible for the Hospital to employ additional personnel for this reason. The Board will continue to act as an oversight group.

Conclusion: Response accepted.

* * *

PART II - REQUIRED STATUTORY REPORTING

13-II-A Certified Budget: Hospital expenditures during the year ended June 30, 2013 did not exceed amounts budgeted.

<u>13-II-B Questionable Expenditures</u>: During the audit, we noted a certain expenditure approved in the Board minutes that may not meet the requirements of public purpose as defined in the Attorney General's opinion dated April 25, 1979. The expense was as follows:

Paid to	Purpose	<u>_An</u>	_Amount	
Employee Recreation Club	Employee holiday party	\$	750	

<u>Recommendation</u>: We recommend that the Board continue to document the public purpose of such an expenditure before authorization is given.

<u>Response</u>: The expenditure is considered part of the employee benefit package and the Board feels it meets the requirements of public purpose as defined by the Attorney General's opinion dated April 25, 1979.

Conclusion: Response accepted.

CASS COUNTY MEMORIAL HOSPITAL Schedule of Findings - Continued Year ended June 30, 2013

PART II - REQUIRED STATUTORY REPORTING - Continued

<u>13-II-C Travel Expense</u>: No expenditures of Hospital money for travel expenses of spouses of Hospital officials and/or employees were noted.

<u>13-II-D Business Transactions</u>: During our audit, we noted no business transactions with Hospital employees or officials.

13-II-E Board Minutes: No transactions were found that we believe should have been approved in the Board minutes but were not.

13-II-F Deposits and Investments: We noted no instances of non-compliance with the deposit and investment provisions of Chapter 12B and Chapter 12C of the Code of Iowa and the Hospital's investment policy, except we noted during the audit that the Hospital's deposits at the First Whitney Bank exceeded the maximum depository amount as approved in its depository resolution.

Recommendation: We recommend that the Hospital adopt a revised depository resolution to increase the maximum depository amount that can be held at the First Whitney Bank in accordance with Chapter 12C.2 of the Code of Iowa.

<u>Response</u>: A revised depository resolution was adopted by the Hospital Board at its September 18, 2013 board meeting.

Conclusion: Response accepted.

* * *